

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

61

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**Postmark Date: 5-1-00

1 Supp  
Jdt 105076  
\$10.00  
KSD

**1000980**1. NAME Cassidy Thomas A.  
Last First MI2. BUSINESS PHONE (225) 231-20843. BUSINESS ADDRESS 8555 United Plaza Blvd., 5th Floor, Baton Rouge, LA 70809  
Street and No. City State ZipMAILING ADDRESS 8555 United Plaza Blvd., 5th Floor, Baton Rouge, LA 70809  
Street and No. City State Zip4. EMPLOYER Jones, Walker, Waechter, Poitevent, Carrere & Denegre, L.L.P.5. EMPLOYER'S ADDRESS 8555 United Plaza Blvd., 5th Floor, Baton Rouge, LA 70809  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Devon Energy CorporationAddress 20 North Broadway, Suite 1500, Oklahoma City, OK 73102Business or purpose Exploration and processing of oil and gas☒ New RepresentationDoes this person pay you? NoIf No, who pays you? Jones, Walker, Waechter, Poitevent, Carrere & Denegre, L.L.P.☐ Terminated Representation as of \_\_\_\_\_**HAND DELIVERED**

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2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

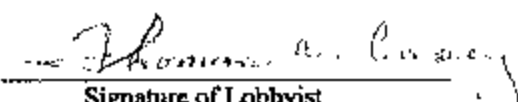
☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist